Samuel B. Laferty, 31,537

## COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

7.0 a bolow harried live	nor, Thereby deciare in	aı.
	TYPE OF DEC	CLARATION
This declaration is of the	following type: (check	one applicable item below)
⊠ original	□ design	□supplemental
□ divisional	□ continuation	□ continuation-in-part (CIP)
	INVENTORSHIP I	DENTIFICATION
believe I am the original	al, first and sole invent ventor (if plural names a patent is sought on th	
	SPECIFICATION II	
ala a la alega de la composição de la comp		DENTIFICATION
the specification of whic		
number and title.		erein by name of inventor(s), attorney docket s <i>Serial No.</i> or Express Mail(if applicable).
ACKNOWLEDG	MENT OF REVIEW OF	PAPERS AND DUTY OF CANDOR
I hereby state that I h specification, including the	ave reviewed and undene ne claims, as amended	erstand the contents of the above identified by any amendment referred to above.
I acknowledge the dut in 37, CODE OF FEDEF	/ to disclose information IAL REGULATIONS, §	n which is material to patentability as defined 1.56.
	POWER OF A	TTORNEY
I hereby appoint the for transact all business in and registration number.	the Patent and Tradem	or agent(s) to prosecute this application and ark Office connected therewith. (List name
Teresan W. Gilbert, 3 Michael F. Esposito,	•	Jeffrey F. Munson, 45,705 David M. Shold, 31,664

## SEND CORRESPONDENCE TO

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## **DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under SECTION 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## SIGNATURE(S)

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Morris	E.	Smith		
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Inventor's signature		
Date Co	ountry of Citizenship	
Residence		
Post Office Address		
CHECK PROPER BOXES FOR	R ANY OF THE FOLLOWING ADDED F OF THIS DECLARATION	PAGE(S) WHICH FORM A PART
	combined declaration and powe uation-in-part (CIP) application.	r of attorney for divisional,
	Number of pages added	
	* * *	

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